

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED MAY 12 1953

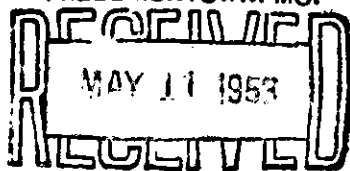
 BIRTH NO. 124 77683 REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 304A Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN 5mos-10am</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN 0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 N. MINE LA MOTTE AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>119 N. MINE LA MOTTE AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>HILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>NOV. 24, 1952</u>
9. AGE (In years last birthday) <u>5</u> 10. MONTHS <u>10</u> 11. DAYS <u>10</u>		9. AGE (In years last birthday) <u>5</u> 10. MONTHS <u>10</u> 11. DAYS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>FREDERICKTOWN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>WAYNE HILL</u>		13b. MOTHER'S MAIDEN NAME <u>IMOGENE KEMP</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>WAYNE HILL - FREDERICKTOWN, MO.</u>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO MEGALY.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY ADHESIONS, LEFT.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos. 1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-24</u> , 1952, to <u>5-4</u> , 1953, that I last saw the deceased alive on <u>5-3</u> , 1953, and that death occurred at <u>8:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wayne Hill, M.D.</u> (Degree or title)		23b. ADDRESS <u>135 S. MINE LA MOTTE FREDERICKTOWN, MO.</u>	
23c. DATE SIGNED <u>5/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MAY 5, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SAGO CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-1953</u>		REGISTRAR'S SIGNATURE <u>Wayne Hill</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. Adamson</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 553-25-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.